

Electroconvulsive Therapy

Information for Patients & Families

Referral

Referrals for ECT must be made by a psychiatric provider, such as a psychiatrist, psychiatric nurse practitioner or physician assistant. Patients are required to continue management with a primary psychiatric provider for the duration of their treatment.

Each referral is reviewed by the comprehensive ECT Team.

The ECT Coordinator connects with all patients after they are referred to review clinical and insurance information, and provide education on the referral and consultation process.

Once it is determined the the patient may be appropriate for this treatment, the ECT Coordinator will schedule the patient for a consultation with an ECT psychiatrist.

Consultation

During consultation, the ECT psychiatrist will review the patient's current psychiatric symptoms and medications, as well as psychiatric and medical histories, to determine if ECT is the right treatment option. If any additional tests or studies are necessary, these will be ordered.

If it is determined during consultation that the patient is an appropriate candidate for ECT, the ECT psychiatrist will review ECT treatment, including the risks and benefits as they apply to the patient, review patient expectations, and answer any questions regarding the procedure and course of treatment.

A consent for treatment will be signed by the patient and ECT psychiatrist prior to the first treatment.

Treatment

Treatments are performed Tuesdays and Thursday mornings in the Day Surgery area at Providence Alaska Medical Center. The procedure takes less than 10 minutes. Patients spend approximately 1 hour before and 1 hour after treatment undergoing assessment and monitoring. The procedure is performed under general anesthesia.

Patients must have a reliable adult pick them up from your procedure and stay with them for a minimum of 8 hours while they recover at home.

On the day of the procedure, patients are unable to work and perform caregiving role. Patients may not drive for 24 hours. Patients are strongly discouraged from making major life decisions during the index series of treatment.

Treatment Stages

1. **Index:** This stage of treatment is focused on getting to remission of symptoms, or optimal treatment response. During this phase, treatments are administered twice weekly. The average index series is 12 treatments.
2. **Continuation:** After reaching symptom remission, patients receive 4 weekly treatments.
3. **Maintenance:** Patients who have had severe symptoms, who have not responded to conventional medication treatment, or who have repeated mood episodes may be appropriate for ongoing monthly treatments to help maintain remission of symptoms.

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